UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/ICEF/1997/19
27 May 1997

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Annual session 1997
2-6 June 1997
Item 11 of the provisional agenda*

FOR ACTION

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

Report on its thirty-first session held at the headquarters of the World Health Organization

Geneva, 19-20 May 1997

SUMMARY

The present report contains the recommendations of the thirty-first session of the UNICEF/WHO Joint Committee on Health Policy of the Executive Boards of UNICEF and WHO, which met at WHO Headquarters in Geneva on 19-20 May 1997.

* E/ICEF/1997/13.

World Health Organization
Organisation mondiale de la Santé

United Nations Children's Fund
Fonds des Nations Unies pour l'Enfance

UNICEF/WHO Joint Committee on Health Policy
Thirty-first Session
Geneva, 19-20 May 1997

JCHP31/97.6
23 May 1997

REPORT OF THE UNICEF-WHO JOINT COMMITTEE ON HEALTH POLICY ON ITS THIRTY-FIRST SESSION

CONTENTS

Page

I. OPENING OF THE SESSION (AGENDA ITEM 1) 2

II. HEALTH SYSTEMS DEVELOPMENT IN DECENTRALIZING SITUATIONS: OPTIONS FOR IMPROVING DISTRICT HEALTH SYSTEMS (AGENDA ITEM 2) 5

III. UNICEF/WHO JOINT WATER SUPPLY AND ENVIRONMENTAL SANITATION STRATEGY (AGENDA ITEM 3) 6

IV. REVIEW OF WHO RESOLUTIONS AND UNICEF DECISIONS (AGENDA ITEM 4) 8

V. CLOSING CEREMONY 11

ANNEX 1 LIST OF PARTICIPANTS 13

ANNEX 2 ADDRESS BY HIS EXCELLENCY FRANÇOIS-XAVIER NGOUBEYOU, AMBASSADOR, PERMANENT REPRESENTATIVE OF THE REPUBLIC OF CAMEROON 16

X X X

/...

I. OPENING OF THE SESSION (AGENDA ITEM 1)

1. Dr Kawaguchi, Director, Division of Interagency Affairs, WHO, opened the session and welcomed the participants.

2. Dr Pulido de Briceño, President of the UNICEF Executive Board, was unanimously elected Chairman. Dr Suleiman, member of the UNICEF Executive Board, and Dr Daniel, member of the WHO Executive Board, were elected Rapporteurs.

3. JCHP adopted the Agenda.

4. Dr Nakajima, Director-General of WHO, recalled that, in 1948, the First World Health Assembly had established the Joint Committee on Health Policy (JCHP) to facilitate collaboration between WHO and UNICEF, and to enable the members of the Executive Boards of the two organizations to provide guidance on policies to ensure the protection and promotion of women's and children's health and welfare worldwide. The work of JCHP had been fruitful. It had enabled both organizations to achieve synergy, WHO providing the technical expertise which served as a backbone for UNICEF's field projects, thus ensuring maximum benefit to countries from UNICEF's resources. From the very start, it had facilitated the development of a number of important national health programmes involving WHO/UNICEF cooperation. That had been recognized in 1951 by the WHO Executive Board, which had recommended that JCHP, then a temporary body, should continue its work on a permanent basis.

5. JCHP had helped WHO and UNICEF to achieve improvements in maternal and child health worldwide. In 1978, JCHP had been an important facilitator for the International Conference on Primary Health Care held at Alma-Ata and jointly sponsored by WHO and UNICEF, and had helped to stimulate the productive participation of nongovernmental organizations. JCHP had been very much involved in the implementation of the primary health care strategy, helping to develop country-specific activities, and focusing on strengthening countries' decision-making capability and district health system development. JCHP had also promoted community involvement in primary health care activities.

6. In 1990, the World Summit for Children had adopted 27 goals, of which 21 were concerned with health. JCHP had monitored progress in achieving those health goals on an annual basis. JCHP had also contributed to promoting vigorous immunization campaigns. Global coverage rates for six major childhood diseases had increased from less than 5% in the mid-1970s to over 80% by 1990, and it seemed possible to achieve a global coverage rate of 90% by the year 2000, given increased political awareness and programme coordination.

7. The current session of JCHP would tackle two areas that were critical for reaching and sustaining primary health care goals: district health system development, and the implementation of a joint strategy for water supply and sanitation.

8. Regarding the first topic, case studies had shown that well-managed district health systems were essential to achieve coverage of populations with effective health care and disease control technologies. District health systems required strong support both at national and regional levels. In particular, they needed to be able to rely on strong financial and technical backup, including surveillance systems.

9. As to the second topic, he recalled that the World Summit for Children had set the goal of "universal access to safe drinking water and adequate sanitation by the year 2000". In January 1995, JCHP had reviewed the situation and called for closer collaboration between WHO and UNICEF to develop a joint strategy in support of countries. Over 1,200 million people still lacked safe water and more than 1,800 million people were without proper excreta disposal facilities. Lack of access to water and sanitation was a cause of many preventable childhood diseases, and a severe threat to health and health programmes. Within the Africa 2000 project, the ministers of health of sub-Saharan Africa had set specific targets regarding water supply and sanitation, which had been integrated within the United Nations System-wide Special Initiative on Africa. In that crucial area, financial and technical support were required, both at national and international levels.

10. Health for all remained the vision for WHO's international health work: to promote equity and the right to health for ail, rich and poor, young and old alike. Health was central to sustainable development. Gender-sensitive policies had to be implemented to ensure women's full participation in decision-making in a sector which depended largely on the time and energy that they already devoted to health.

11. JCHP had achieved a great deal in the past, and it had opened up the way to even broader participation of other partners in international efforts in the future to promote health development for all.

12. Ms Bellamy, Executive Director of UNICEF, said that, for the past 49 years, JCHP had been instrumental in guiding the collective efforts of WHO and UNICEF to improve the lives of children and women. The meetings had been important and useful, as could be seen from their results.

13. The campaign to provide essential immunization had been a success, reaching more than 80% of children under the age of one year in the developing world, sparing millions of young lives annually from diphtheria, measles, whooping cough and tetanus. The crucial support given to breast-feeding had led to a steady increase in the number of children receiving the most natural of defenses against malnutrition and most diseases.

14. JCHP had played a central role in planning and shaping the 1978 Alma-Ata Conference, out of which had come a historic declaration emphasizing not only the key importance of primary health care, but also the requirement that it be universally accessible to individuals and families, through their communities, at a cost they could afford. Through

JCHP, UNICEF and WHO were working together to implement the goals of the World Summit for Children; and the Mid-Decade Review of Progress for Children showed the advances that had been made. From immunization and nutrition to safe drinking water, there had been significant and widespread advances in improving the well-being of children since 1990. It was clear that, by the year 2000, extensive progress would have been made in connection with the Summit's health-related goals. The continued cooperation between UNICEF and WHO was thus indispensable. Lamentably, in many specific areas of children's health, much remained to be done.

15. She drew attention to the following subjects that she hoped JCHP would take up in the future.

16. The first was how to control malaria effectively. There had been discussions recently about the potential of impregnated bed nets; about the possibility of new forms of malaria medications; and about the faint chance of an antimalaria vaccine. The moment had arrived for UNICEF and WHO to press forward in the fight against malaria.

17. A second topic of special note was maternal mortality and morbidity. At the previous meeting, JCHP had discussed how much remained to be done to address the problem. Since then, increasing attention had been paid to maternal mortality, including discussions between the United Nations Population Fund and WHO. A set of guidelines was being prepared. Collaborative efforts had to be redoubled to attack the problem, which was clearly one of the most neglected health-care situations facing the developing world.

18. A third area concerned the question of follow-up to the joint report of the previous year on the State of the World's Vaccines and Immunizations. As that report noted, a flood of new and improved vaccines might make the success of the past 20 years in saving millions of children's lives seem modest in comparison with the next 20 years; but supply and cost raised ethical dilemmas that had to be confronted.

19. Finally, there was a need to acknowledge a difficult and contentious issue: the passage of the HIV-AIDS virus through breast milk. UNICEF wanted to ensure that, as countries discussed alternative sources of infant nutrition, the focus was on breast milk substitutes that were both readily available and affordable. UNICEF and WHO had already collaborated in producing a set of draft guidelines on AIDS for health workers, on which UNAIDS was now working.

20. JCHP had been the chief forum for a long and fruitful working relationship between UNICEF and WHO. That said, UNICEF was happy to see the forum expanded, with the addition of the United Nations Population Fund, to become the new Coordinating Committee on Health.

21. Finally, she saluted Dr Nakajima, whose years at WHO had seen dramatic advances in the health of children and women, and progress in transforming the specific objectives of the World Summit for Children into reality. Dr Nakajima would be embarrassed to have it suggested that he had had some personal role in the sharp decline in infant mortality, in the dramatic gains against poliomyelitis and guinea-worm disease, or in the simple fact that, every year, three million young lives were saved that would otherwise have been lost. Obviously, those results sprang from a collective effort. But the fact was that WHO had been deeply involved, and it had happened on Dr Nakajima's watch.

II. Health Systems Development In Decentralizing Situations: Options For Improving District Health Systems (Agenda Item 2)

22. The document under consideration[1] analysed trends in the functioning of district health systems in developing countries, reviewed country-level progress in the context of a changing world environment, and presented a two-year joint WHO-UNICEF work plan for strengthening district health systems.

23. In introducing the document, it was pointed out that the Alma-Ata Conference had identified eight separate elements of primary health care but had not addressed their integration at local level. The World Health Assembly, in 1986, had reviewed progress in the implementation of health for all and had been concerned at the continued lack of coordination in work related to the elements of primary health care, gaps in policy statements, weak intersectoral action and inadequate participation of communities in the health effort. The Health Assembly had recommended that future work should focus on the district health system as the unit to enhance integrated health action. In 1995, JCHP had observed that, while considerable progress had been made in implementing district health systems, many problems remained and global changes had posed new challenges. JCHP had therefore called on WHO and UNICEF to analyse progress in district health systems and to propose a two-year joint work plan for the two organizations in that area.

24. It was suggested that, in future, leadership was needed at country level to develop district health systems, in which health was considered in an intersectoral, country-specific environment. The district health system would have responsibility for people and, at the same time, be their responsibility, in particular as regards sustainability and financing. It would provide continuity and integration of care, as well as coordination of activities. There would be complementarity within districts and between districts, and accountability to users and regulators. The skills of health staff needed to be improved, and monitoring and evaluation were to be carried out. The two-year action plan envisaged complementary roles for WHO and UNICEF in strengthening the implementation of district health systems, enhancing their

---

[1] Document JCHP31/97.2.

development, monitoring their impact, disseminating information and advocating their place within health sector reform. It was also suggested that the new vision for district health systems should be developed beyond the year 2000, including appropriate training to ensure an intersectoral approach.

25. It was stressed that a local health system would be unable to function effectively without a good operational referral system, and technical backing and resources from the provincial and central level.

26. In response to several comments on the difficulty of defining the term "district", it was explained that the word was used in a generic sense meaning a manageable unit of a country, small enough to be administered effectively and efficiently, yet large enough to make it feasible to provide the components and technologies needed to support primary health care. Terms used by different countries to describe district health systems included "local health systems", "salud sistemas locales de salud (silos)", "catchment area focus", and "intermediate approach".

27. JCHP recognized the importance of the district health system in improving the health of the population and recommended that work should continue according to the proposed two-year work plan, bearing in mind the need to focus on practical activities that produced verifiable outcomes. It was indicated that activities would include more detailed analysis of the present situation in countries, as well as further joint work by WHO and UNICEF to support selected districts as they initiated and implemented innovative activities in such areas as malaria control and safe motherhood. Reduction in maternal mortality, for example, could be used as a sensitive tracer indicator for improvement in the performance of district health systems.

28. It was emphasized that activities should be sustainable, particularly with respect to financing. The importance of community participation and the mobilization of resources from both the private and public sectors was highlighted.

29. Finally, JCHP stressed that equity in health and health care should be the main goal of district health systems, and appropriate monitoring mechanisms should be put in place.

III. UNICEF/WHO JOINT WATER SUPPLY AND ENVIRONMENTAL SANITATION STRATEGY (AGENDA ITEM 3)

30. The document under consideration[2] presented a joint strategy for effective collaboration between UNICEF and WHO in the area of water supply and sanitation. The

[2] Document JCHP31/97.3.

three main elements of the strategy were: delivering consistent messages concerning integrated approaches to water supply and sanitation development; supporting the design and implementation of sustainable water supply and sanitation programmes at country level on the basis of a common approach; and maintaining health and social emphasis in water supply and sanitation development within country programmes, in related sectors, among other United Nations organizations and external support agencies, and at various international forums.

31. JCHP reviewed the proposed strategy and agreed that there was a considerable area of overlap of work between WHO and UNICEF. It was recognized that WHO and UNICEF efforts to work together on water supply and sanitation issues would be strengthened by the strategy which clearly identified the areas of cooperation. In general, the strategy pointed out the directions in which the two organizations should move, but future plans and activities needed to be further specified.

32. On the subject of integrated approaches, the strategy should show a closer relationship with district health systems. Those systems should include all aspects of health, both curative and preventive, and water and sanitation were two essential aspects of prevention. Moreover, the strategy should indicate how it would relate to comprehensive development approaches at all levels, especially the global and regional initiatives that WHO and UNICEF were supporting.

33. JCHP members agreed that health was the main concern of the organizations as regards water and sanitation interventions, and that only WHO and UNICEF were currently speaking out for health outcomes. At the same time, however, other factors, such as the special concerns of women and children, community participation and ownership, and conservation of water resources, should also be kept in mind.

34. JCHP recognized the fact that there were constraints on resource mobilization in the sector. While recognizing the need for increased investment in the sector, it was also felt that communities were prepared and willing to share the cost of better services, depending on their individual capacity to pay.

35. It was proposed that WHO and UNICEF should emphasize sanitation and hygiene as essential elements of human development, and the fundamental basis for health and nutrition. Similarly, the two organizations should give special attention to the study of various financing tools and sustainable models.

36. JCHP recommended that the joint water supply and environmental sanitation strategy should be implemented, with the following addition to the first strategic element (delivering consistent messages): "work together towards defining the meaning and impact of various financial tools, such as cost recovery and cost sharing, commonly used in improving the health and standard of living of the poor and unserved."

37. JCHP further recommended that a joint workplan should be immediately drawn up for the implementation of the strategy.

38. JCHP recommended that, to foster integrated health approaches, there should be more interaction between efforts in district health systems and those in water supply and sanitation, and that greater attention should be given to the development of comprehensive approaches involving all partners at the global, regional and country levels. In particular, sanitation and hygiene should be given greater emphasis in future joint efforts of WHO and UNICEF. It was also recognized that the impact of water and sanitation development was greater than a health impact alone, and that WHO and UNICEF should ensure that the health and development linkage was not forgotten in the development dialogues conducted by other organizations in various United Nations forums.

39. In that respect, JCHP recommended making a special request to the Special Session of the United Nations General Assembly, which would meet on 23-27 June 1997 in New York to review progress in the implementation of Agenda 21, including chapter 18 on freshwater. That request should be along the following lines: "The UNICEF/WHO Joint Committee on Health Policy (JCHP) requests the Executive Heads of WHO and UNICEF to bring to the attention of the Heads of State, meeting on the occasion of the United Nations General Assembly special session, the fundamental importance of sanitation, hygiene and water supply as basic entitlements for human development, and essential for health and nutrition, in the formulation of a global strategic approach on freshwater by the Commission on Sustainable Development at its sixth session in 1998". The message should be emphasised by referring to the Convention on the Rights of the Child, the World Summit for Children, and the renewal of the health-for-all strategy for the twenty-first century.

IV. REVIEW OF WHO RESOLUTIONS AND UNICEF DECISIONS (AGENDA ITEM 4)

40. The document under discussion[3] presented resolutions relevant to improving the health status of women and children, adopted by the World Health Assembly in May 1996 and May 1997 and by the WHO Executive Board in January 1997, and the decisions of the UNICEF Executive Board, since June 1996.

WHO RESOLUTIONS

Control of infectious diseases affecting children and women

New, emerging and re-emerging infectious diseases: special programme on malaria (WHA49.11)

Malaria prevention and control (WHA50.34)

---

[3] Document JCHP31/97.4 and Add.

41. JCHP noted the work under way and encouraged increased collaboration between WHO and UNICEF for support to countries implementing malaria activities.

Joint United Nations Programme on HIV/AIDS (UNAIDS) (WHA49.27)

42. JCHP considered that UNICEF and WHO should continue to collaborate within the UNAIDS programme to support countries in their efforts to address the issue of breastfeeding and HIV/AIDS.

43. It was important, in particular, to ensure that the wording of the resolution was not used by unscrupulous manufacturers to promote inappropriate breastmilk substitutes.

Elimination of lymphatic filariasis as a public health problem (WHA50.29)

44. JCHP took note of the above resolution.

Eradication of dracunculiasis (WHA50.35)

45. JCHP noted the commitment of both organizations to the eradication of dracunculiasis and the excellent progress to date, and encouraged further collaboration, especially in particularly difficult areas.

African trypanosomiasis (WHA50.36)

46. JCHP noted that the resolution requested the assistance of UNICEF to expand and intensify the coordination of control and surveillance and the development of human resources.

Nutrition

Prevention and control of iodine deficiency disorders (WHA49.13)

47. JCHP took note of the excellent progress so far in the prevention and control of iodine deficiency disorders, and encouraged further collaboration between WHO and UNICEF in that field.

Infant and young child nutrition (WHA49.15)

48. JCHP recognized that malnutrition remained a problem, leading to children's growth being stunted and difficulties in concentrating at school. More work was needed in that area.

Global partnerships

Strengthening nursing and midwifery (WHA49.1)

49. JCHP encouraged increased collaboration between the two organizations on nursing and midwifery, especially on advocacy for midwifery within the context of safe motherhood and maternal and child health programmes.

Collaboration within the United Nations system and with other intergovernmental organizations: WHO policy on collaboration with partners for health development (WHA49.19)

Collaboration within the United Nations system and with other intergovernmental organizations: orientation of WHO policy in support of African recovery and development (WHA49.20)

50. JCHP understood that the above resolutions were aimed at setting up more effective mechanisms for collaboration with partners for health development.

Renewing the health-for-all strategy (EB99.R16)

51. JCHP stressed the importance for UNICEF and the whole United Nations system of WHO's further work on the renewal of the health-for-all strategy which would guide development in the field of health in the twenty-first century.

UNICEF/WHO Joint Committee on Health Policy (EB99.R23)

52. Mr MacDonald, Chief of the European Liaison Office, Geneva, of UNFPA, mentioned the existing close collaboration between UNFPA, WHO and UNICEF and looked forward to even closer cooperation through the new WHO/UNICEF/UNFPA Coordination Committee on Health (CCH).

53. JCHP welcomed the expansion of the membership to include UNDP/UNFPA Executive Board members, noting that the UNICEF Executive Board would soon have before it for consideration the draft terms of reference of the new Committee as approved by the WHO Executive Board. It was also noted that the draft terms of reference had been the subject of intensive work of the three secretariats. It was understood that the new CCH would continue to review the common concerns of WHO and UNICEF in addition to the newly added areas of concern to UNFPA.

Emergency and humanitarian action

Supply of controlled drugs for emergency care (WHA49.18)

International Programme on the Health Effects of the Chernobyl Accident (WHA49.22)

Prevention of violence: a public health priority (WHA49.25)

Collaboration within the United Nations system and with other intergovernmental organizations: health assistance to specific countries (WHA49.28)

Prevention of violence (WHA50.19)

54. JCHP stressed that the two organizations should continue their collaboration to prevent violence, especially violence targeted towards women and children, and should seek to help health workers handle instances of suspected violence and exploitation. JCHP took note of the remaining resolutions.

UNICEF EXECUTIVE BOARD DECISIONS

Report of the UNICEF/WHO Joint Committee on Health Policy on its special session (1996/24)

Outline of an implementation plan for the health strategy (1996/31)

Coordination in health policy and programmes (1997/8)

Implementation of the health strategy for UNICEF (1997/9)

55. JCHP took note of the above decisions.

V. CLOSING CEREMONY

56. Dr Nakajima, Director-General of WHO, said that the present session brought the long and successful history of the UNICEF-WHO JCHP to a close. It also marked the beginning of work with a broader constituency, responding to new challenges. UNFPA would now become part of an expanded JCHP, which was to be called WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH). The new Committee opened the way for other partners to participate more actively in supporting national policies for health and social development, focusing particularly on the needs of reproductive health, safe motherhood, and child, adolescent and women's health. All three organizations would gain new energy and effectiveness from the guidance of CCH, and CCH would make its own important contribution towards achieving a better level of health for all people in the twenty-first century.

57. Ms Bellamy, Executive Director of UNICEF, welcomed the work done by the final session of JCHP on the important subjects of district health systems, and water and sanitation. She hoped that the approaches recommended by JCHP would be translated into practical action for the benefit of people worldwide. The 49 years of work of JCHP provided a firm foundation for future cooperation, and the addition of UNFPA in the new CCH opened up exciting scope for collaboration to meet the challenges of the twenty-first century.

58. His Excellency Mr François-Xavier Ngoubeyou, Ambassador, Permanent Representative of the Republic of Cameroon and doyen of the permanent representatives in Geneva, said that the present ceremony marked the end of a historic chapter of collaboration, which provided a model for current moves towards convergence within the United Nations system. Member States looked to the organizations of the United Nations system to work together, alongside governments, to help countries achieve their individual and collective goals. Reflecting on the progress made in health and the need for further development, he welcomed the establishment of the extended Committee, which would lead to a new dynamism in the fight against poverty, disease and suffering. (The full text of Ambassador Ngoubeyou's address is reproduced in Annex 2).

59. Professor Leowski, member of the WHO Executive Board, said that the effective collaboration between UNICEF and WHO through JCHP had produced excellent results, especially at country level. With its particular focus on the health of women, children and, in more recent years, adolescents, JCHP's guidance had enhanced the implementation of the health-for-all strategy. An important area for further attention was health education. With about a billion more people on planet Earth every decade or so, there was a vital need to ensure that young generations adopted healthy lifestyles and hygienic practices, so that an acceptable level of health for all would be reached in the future. JCHP's recommendations on district health systems and on water supply and sanitation would further contribute to that goal.

60. Dr Pulido de Briceño, Chairman of JCHP and member of the UNICEF Executive Board, said that strategies alone would not bring about improvements in health and human development. Real advances required their implementation within countries. She stressed the importance of focusing on mothers and children in order to make progress in health and human development. In particular, the growing number of young people in developing countries needed to be able to look towards the future with optimism in a world of social and technological change. Cooperation in district health systems and in water supply and sanitation would promote human wellbeing, but full and sustainable progress required the empowerment of communities to take responsibility for their own health and development, with the necessary backing and support of their governments and the international community. JCHP had provided a sounding board which had enabled WHO and UNICEF to discuss major problems and work together for the good of the people of the world. Finally, she declared the final session of JCHP closed.

ANNEX 1

LIST OF PARTICIPANTS

WHO EXECUTIVE BOARD MEMBERS

Dr R. Daniel
Secretary of Health
Rarotonga, Cook Islands
(representing Dr J. Williams, MP)

Dr P. Dossou-Togbe
Directeur adjoint de Cabinet
Ministère de la Santé, de la Protection sociale et de la Condition fémine
Cotonou, Bénin

Professor J. Leowski
Director, School of Public Health and Social Medicine
Medical Centre for Postgraduate Education
Warsaw, Poland

Dr A. Meloni
Director-General
Officina de Financiamiento, Inversiones y Cooperación Externa
Ministerio de Salud
Lima, Peru

Sra. R. Tincopa
Segunda Secretaria
Misión Permanente
Ginebra

Dr B. Wasisto
Senior Adviser to the Minister of Health
Jakarta, Indonesia

UNICEF EXECUTIVE BOARD MEMBERS

Dr Mercedes Pulido de Briceño
President, UNICEF Executive Board

Dr Patrick Yowasi Kadama
Public Health Physician
Uganda

Dr David Nabarro
Director
Human Development
Overseas Development Administration
United Kingdom

Dr Petr Struk
Director
Department of Medical Science and Education
Ministry of Health
Czech Republic

Dr Ali Jaffer Bin Mohammed Suleiman
Director-General
Ministry of Health
Oman

ANNEX 1 (continued)

UNICEF

Ms Carol Bellamy, Executive Director
Ms Cecilia Lotse, Secretary, Executive Board
Mr Denis Broun, Chief, Health Section
Mr Gourisankar Ghosh, Chief, Water and Sanitation Section
Dr Kasa Pangu, Senior Adviser, Health

WHO

Dr Hiroshi Nakajima, Director-General
Dr F.S. Antezana, Deputy Director-General a.i.
Dr Hu Ching-Li, Senior Adviser to the Director-General
Mr D.G. Aitken, Assistant Director-General (ADG)
Mr J.E. Akré, Nutrition (NUT)
Dr F.S. Bassani, Director, Division of Emergency and Humanitarian Action (EHA)
Dr D. Blake, Director, Office of HIV/AIDS and Sexually Transmitted Diseases (ASD)
Dr G.A. Clugston, Director, Nutrition (NUT)
Dr G.L. Dorros, Division of Organization and Management of Health Systems (OHS)
Dr N. Drager, Division of Strategic Support to Countries in greatest Need (SSC)
Mr S.S. Fluss, Human Rights Coordinator, Health Policy Development (HPD)
Dr A.C. Gerbase, Office of HIV/AIDS and Sexually Transmitted Diseases (ASD)
Dr T. Godal, Director, Special Programme for Research and Training in Tropical Diseases (TDR)
Dr M. Gonzalez, Director-General's Executive Secretariat (DGE)
Dr E.H.T. Goon, Director, Division of Organization and Management of Health Systems (OHS)
Mrs D. Halvorsen, Division of Interagency Affairs (INA)
Dr H.R. Hapsara, Director, Division of Health Situation and Trend Assessment (HST)
Dr R.H. Henderson, Assistant Director-General
Dr M. Hirschfeld, Chief Scientist for Nursing, Division of Analysis, Research and Assessment (ARA)
Dr M. Jancloes, Director, Division of Strategic Support to Countries in Greatest Need (SSC)
Dr K. Janovsky, Division of Analysis, Research and Assessment (ARA)
Dr F.K. Kaferstein, Director, Programme of Food Safety and Food Aid (FSF)
Dr Y. Kawaguchi, Director, Division of Interagency Affairs (INA) **(Secretary)**
Dr A. Koné-Diabi, Assistant Director-General (ADG)
Dr W. Kreisel, Executive Director (EXD)
Dr S. Lyagoubi-Ouahchi, Director, Division of Publishing, Language and Library Services (PLL)

ANNEX 1 (continued)

WHO (continued)

Dr Maaza Bekele, Division of Interagency Affairs (INA)
Dr D.G. Makuto, Division of Organization and Management of Health Systems (OHS)
Dr N. P. Napalkov, Assistant Director-General (ADG)
Dr S.K. Nordeen, Director, Action Programme for the Elimination of Leprosy (LEP)
Mr G. Ozolins, Director, Division of Operational Support in Environmental Health (EOS)
Dr J.D. Quick, Director, Action Programme in Essential Drugs (DAP)
Dr G. Rifka, Eastern Mediterranean Liaison (EML)
Dr C. J. Romer, Division of Emergency and Humanitarian Action (EHA)
Dr E.M. Samba, Director, Regional Office for Africa (AFRO)
Dr Samlee Plianbangchang, Director, Programme Management (DPM/SEARO)
Dr A. Seim, Division of Control of Tropical Diseases (CTD)
Dr H. Siem, Division of Emergency and Humanitarian Action (EHA)
Mr M. Subramanian, Director, Office of World Health Reporting (WHR)
Dr E. Tarimo, Director, Division of Analysis, Research and Assessment (ARA)
Dr B. Thylefors, Director, Programme for the Prevention of Blindness and Deafness (PBD)
Dr M.S. Tsechkovski, Director, Division of Noncommunicable Diseases (NCD)
Dr J.L. Tulloch, Director, Division of Child Health and Development (CHD)
Dr D.B. Warner, Chief, Rural Environmental Health (REH)

Observer

UNFPA

Mr Alphonse MacDonald, Chief, European Liaison Office, Geneva

ANNEX 2

ADDRESS BY HIS EXCELLENCY FRANÇOIS-XAVIER NGOUBEYOU, AMBASSADOR, PERMANENT REPRESENTATIVE OF THE REPUBLIC OF CAMEROON

Distinguished members of the UNICEF/WHO Joint Committee on Health Policy,
Dr Nakajima, Director-General of WHO,
Ms Bellamy, Executive Director of UNICEF,
Excellencies,
Ladies and Gentlemen,

It is an honour and a privilege for me to be invited to this important ceremony and to speak as doyen of the permanent representatives in Geneva.

The ceremony that brings us here together today marks the closure of a historic chapter in the evolution of the United Nations, an evolution which has come about through the unique experience of close collaboration for almost 50 years, between representatives of the management of WHO and UNICEF, in a well-planned joint effort to promote coordination between these two organizations, in such a way as to ensure that their activities have the greatest possible benefit for children and women in various countries.

It is no exaggeration to state that this exemplary collaboration over 50 years has opened the way to the current philosophy of "convergence" to which the Secretary General of the United Nations is attached and which, in respect of the mandate of each agency, calls for increased coordination of the activities of the United Nations agencies among themselves, including the Bretton Wood institutions, the programmes and funds, and also with nongovernmental organizations.

For the Member States that we represent, nothing is more important than to see the agencies of the United Nations system working together alongside our governments, to help our countries achieve their individual and collective objectives.

This is why we salute today the far-sightedness of the First World Health Assembly, which established the UNICEF/WHO Joint Committee on Health Policy within the United Nations system, that institution that has contributed so much to the improvement of the health of children and women everywhere in the world.

In my country, Cameroon, one of the basic objectives of government has always been that of guaranteeing individual well-being, through individual responsibility, community democracy and social justice. Our Constitution itself has made of health a fundamental right and priority for all Cameroonians. Successive development plans have been based on the Alma-Ata Declaration which was inspired by the activity of the UNICEF/WHO Joint Committee, whose goal has always been

ANNEX 2 (continued)

equitable coverage with health services, coordination of health services, priority for preventive care and community participation.

No doubt many other countries have adopted a similar policy, the only one that could be regarded as a universal policy with health at the heart of development so that every part of society has an acceptable level of health. How, then, could we fail to welcome the global partnership initiatives of WHO for health development, and the resolutions adopted by last year's World Health Assembly on the policy of WHO collaboration with partners in health development or in development as a whole.

I recall, as Chairman of the Group of 77 at the time, that, on 17 December 1996, in connection with a new partnership with UNCTAD, Dr Nakajima, Director-General of WHO, came to discuss with the Group of 77 and China the role WHO could play in the economy, commerce and development. He said then that health could not be considered as a simple basic product; that health is something vital to every people, individually and socially, and that health is the key to major security problems for all countries, in terms of prevention and control of epidemics, and for problems affecting the economy, the cohesion of society and political stability.

In view of the central place of health in human existence, it is quite comprehensible that WHO should be at the forefront of this policy of openness and cooperation which is to its credit.

Under the auspices of the Joint Committee on Health Policy, cooperation between WHO and UNICEF has among other things saved millions of children from death and disability, through programmes for vaccination against six preventable diseases. In 1995, the global objective of increasing vaccination coverage to 80% was achieved for almost all the vaccines of childhood. It is true that progress is slower in some African countries, but most will have organized their national vaccination days in 1997, and they will fully participate, with the help of WHO and UNICEF, in the attempt to end poliomyelitis in Africa.

Only the ignorant or insensitive could fail on this occasion to express deep gratitude to the marvellous partnership of WHO and UNICEF for their programmes and activities throughout the world, to their partners and donors for support and generosity, and to physicians and other health workers for the devotion they have shown.

We are happy also to note that, in spite of the gap between rich and poor, between developed countries, economies in transition, and least developed countries, life expectancy at birth is steadily rising and infant mortality is continually falling.

But there is no cause for complacency. Old diseases are resurfacing, and new ones are appearing. Malaria remains one of the greatest scourges, causing the death of between 1.5 and 2.7 million people every year, most of them children, in 91 countries. It is one of the gravest threats

ANNEX 2 (continued)

to development. I am happy to tell you that at the next meeting of Heads of State and government of the Organization of African Unity (OAU) in Harare, a policy declaration and plan of action against malaria will be examined. WHO, UNICEF and all the agencies of the United Nations system, and the relevant nongovernmental organizations, will be invited to join in this effort.

Many other diseases threaten us from all sides, especially HIV/AIDS and Ebola haemorrhagic fever. We must work harder if we are to beat them. We must mobilize on the ground the unexploited reserves of energy, as has been done for control of guinea-worm disease in many parts of the world. We must also continue to mobilize this energy and direct it towards the fight against poverty, which is the first cause of disease and premature death. Many are the developed countries have yet to fulfil their commitments in that area.

I would like to mention finally the problem of general indifference to maternal mortality and the needless suffering of young mothers in giving birth to new generations. In the least developed countries, 1050 out of every 100 000 women die of health problems related to pregnancy; the corresponding figure for other developing countries is 350 per 100 000, and 13 per 100 000 in developed countries with market economies.

This is a serious problem of conscience, since all such suffering is completely avoidable.

We are therefore glad to learn that the action undertaken by WHO and UNICEF for the benefit of mothers will now enjoy funding from the United Nations Population Fund (UNFPA) in an enlarged joint committee, which will be called the WHO/UNICEF/UNFPA Coordinating Committee on Health.

It is to be hoped that this extension of the Joint Committee, which has already given eminent service to humanity, will also give other organizations active in the field of health the opportunity to provide their expertise in the light of needs.

Clearly, effective achievement of the objectives of the new and expanded Joint Committee will call for the support of all people of good will, and especially the active help of the permanent missions in Geneva. The missions can provide their support by helping to create a new impetus and constitute one of the key parts of the new alliance to combat poverty, disease and suffering.

In conclusion, I wish to thank the organizers of this meeting for allowing me to be one of the witnesses of the new beginning of the expanded Joint Committee; which I wish every success.

Thank you for your attention.